

Lancashire County Council

Health Scrutiny Committee

Tuesday, 25th September, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.	Minutes of the Meeting Held on 3 July 2018	(Pages 1 - 6)
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4.	Our Health Our Care Programme – Update on the future of acute services in central Lancashire	(Pages 7 - 22)
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5.	Health Scrutiny Committee Work Programme 2018/19	(Pages 23 - 34)
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6.	Urgent Business
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

7.	Date of Next Meeting
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The next meeting of the Health Scrutiny Committee will be held on Tuesday 6 November 2018 at 10.30am at County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 3rd July, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	H Khan
G Dowding	S C Morris
C Edwards	M Pattison
N Hennessy	E Pope
S Holgate	P Steen

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Margaret Brindle, (Burnley Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor M Tomlinson, (South Ribble Borough Council)
Councillor Viv Willder, (Fylde Borough Council)

1. Apologies

Apologies were received from County Councillor Cosima Towneley and Councillors Wayne Blackburn, Colin Hartley and Gail Hodson.

2. Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group

Resolved: That:

1. The appointment of County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the Committee for the remainder of the 2018/19 municipal year be noted;
2. The new membership of the Committee following the County Council's Annual Meeting on 24 May 2018 be noted; and
3. The terms of reference of the Committee be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

4. Minutes of the Meeting Held on 17 April 2018

Resolved: That the minutes from the meeting held on 17 April 2018 be confirmed as an accurate record and signed by the Chair.

5. Our Health Our Care Programme – Update on the future of acute services in central Lancashire

The Chair welcomed Dr Gerry Skailes, Sarah James, Helen Curtis and Lee Hay to present an update from the Our Health Our Care Programme on the future of acute services in central Lancashire. A copy of the presentation delivered at the meeting is set out in the minutes.

It was explained that the purpose of the report was to provide the Committee with an early opportunity to consider the emerging model of care and agree the next steps and future consultation.

On the case for change, the importance of health and care working in partnership was recognised. The partnership involved the County Council, District Councils, Lancashire Teaching Hospitals Foundation Trust, Lancashire Care Foundation Trust, Chorley and South Ribble Clinical Commissioning Group and Greater Preston Clinical Commission Group developing strategic objectives across three separate workstreams:

1. Acute Sustainability (formerly 'hospital care');
2. Locality Care (out of hospital care); and
3. Prevention, early help and self-care.

It was acknowledged that the third sector was missing from the list of partners, but it was emphasised that voluntary organisations and community groups would form a part of developing an integrated model of care.

The six key drivers for change included:

1. Changing population demographics;
2. Health inequalities;
3. Limited workforce;
4. Bed occupancy;
5. Variation in meeting standards; and
6. Decrease in planned surgery

Prevention and intervention were seen to be of significant importance as part of the model of care. There was a consensus that public information and education regarding these should be included as part of the model of care to enable people to take responsibility for self-management of their care.

It was highlighted that the proposals were not yet final as there were still further enhancements to be made. It was confirmed that officers would be meeting with NHS England and the Clinical Senate in July as part of the assurance process.

Whilst it was hoped that a pre-consultation business case would be completed around September 2018, the Committee noted that the Our Health Our Care programme could not enter any consultation exercise until options were considered deliverable. Members requested further details on engagement information. In addition it was suggested that updates on the programme be presented to the Committee at its meetings scheduled in September and December 2018.

Resolved: That:

1. The update be noted;
2. Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018;
3. The importance of all partners working together on prevention and early intervention form a part of developing the new models of care for acute services in central Lancashire; and
4. Public information and education be included in the new model of care for acute services in central Lancashire.

6. Lancashire Dementia Strategy – Dementia Friendly Lancashire 2018-2023

The Chair welcomed Zakyeya Atcha, Consultant in Public Health, and Marie Demaine, Senior Public Health Practitioner, to present an overview of the opportunities and challenges with implementing the council's Dementia Strategy.

The prevalence of dementia was highlighted by the fact that one in three people are diagnosed with dementia at end of life. It was said that dementia is not a disease but a collection of symptoms.

A recent report by the National Institute for Health and Care Excellence (NICE - guideline NG97), quoted findings from the Alzheimer's Society that in 2013, the total cost of dementia in the UK was estimated to be £26.3bn. Approximately £4.3bn was attributed to health care and £10.3bn attributed to social care with the remaining £11.6bn in estimated unpaid care contributions.

The committee was informed that the county council's campaign on raising awareness of dementia symptoms and encouraging people to see their GP was highlighted by the Local Government Association (LGA) as an example of good practice by a local authority and was one of a number of case studies presented in the LGA's dementia support guide for councils.

Concerns were raised about the ageing population of Lancashire and the increase in pressure on services provided by the county council. Alongside social isolation, this was recognised as a particular area of concern for the county council.

A number of points were raised by members, a summary of which is set out below:

- The needs of carers should be essential to the strategy. Supporting both physical and emotional and social health needs in carers and people with dementia who may also experience mobility and continence issues from Parkinson's or frailty;
- Whether the council could utilise disability facility grants to support people with dementia;
- Dementia friendly housing and the challenges experienced by people living with dementia highlighting technology as a potential barrier. It was reported that the county council served on the Whyndyke Garden Village Healthy New Town Board which was leading on the Homes for Life Long Living theme.

It was suggested that the Cabinet Member for Health and Wellbeing be invited to a future meeting to present on the development of a housing strategy for the ageing population of Lancashire.

Resolved: That;

1. The report be noted; and

The Cabinet Member for Health and Wellbeing be invited to a future scheduled meeting of the Health Scrutiny Committee to present on the development of a housing strategy and the ageing population.

7. Report of the Health Scrutiny Steering Group

The report provided an overview of the matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 11 April, 16 May and 13 June 2018.

Resolved: That the report of the Steering Group be received.

8. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Resolved: That the report be noted.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 25 September 2018 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 25 September 2018

Electoral Division affected:
(All Divisions);

Our Health Our Care Programme – Update on the future of acute services in central Lancashire

(Appendix A refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

A further update from the Our Health Our Care Programme on the future of acute services in central Lancashire. Officers supporting the Our Health Our Care Programme will attend the meeting to present to the Committee. A copy of the presentation is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the update; and
2. Formulate any recommendations to assist the Committee in reviewing this matter when it is next scheduled.

Background and Advice

At its meeting on 3 July 2018, the Committee received an update from the Our Health Our Care Programme on the future of acute services in central Lancashire. The update detailed the case for change and provided the Committee with an early opportunity to consider the emerging model of care and to agree the next steps and future consultation. During the meeting it was confirmed that officers would be meeting with NHS England and the Clinical Senate in July as part of the assurance process. Furthermore, it was hoped that a pre-consultation business case would be completed around September 2018. It was noted that the Our Health Our Care Programme could not enter any consultation exercise until options would be considered deliverable.

Following the Committee's meeting on 3 July, an email communication was received from the programme director on 5 July 2018, setting out opportunities for councillors to become more involved in the process. It was reported that the Our Health Our Care Programme was in the process of establishing a Stakeholder Reference Panel that would meet on a monthly basis from July to December 2018. As part of its remit the panel would be asked to review the activity of the programme, including the

hospital model of care, public engagement activity and content and plans to be submitted with the Pre-Consultation Business Case. The Stakeholder Reference Panel would act as a critical friend to the programme and its proposed communication and engagement activity. Membership would be made up of a range of key stakeholders, including patient representatives, voluntary, community and faith sector colleagues, and elected members.

Officers supporting the Our Health Our Care Programme will attend the meeting to present to the Committee. A copy of the presentation to be delivered is set out at appendix A.

Work is currently underway to develop a range of options and benefits. Some emerging concepts have been identified in relation to:

- Urgent, emergency and critical care;
- Women's and children's services; and
- Planned care.

On progress relating to acute reconfiguration, the Our Health Our Care Programme has also identified the following next steps:

"

- Build clinical design - a coherent out of hospital and acute model
- Agree options - small number of emerging viable options indicates no need to formally shortlist
- Initiate options appraisal - what does each option mean for beds, workforce, estate etc.
- Agree senate and NHSE assurance timeline
- Agree consultation go-live date cognisant of Purdah"

The Health Scrutiny Committee is asked to note the update and to formulate any recommendations to assist the Committee in reviewing this matter when it is next scheduled.

It is intended that a further update will be presented to the Health Scrutiny Committee at its meeting scheduled on 6 November 2018.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
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N/A		
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Reason for inclusion in Part II, if appropriate		
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N/A		
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Our Health Our Care

Health Scrutiny Committee
Our Health Our Care Programme Update
Tuesday 25th September 2018

Contacts:

Medical Director:

Dr Geraldine Skailes

DrGeraldine.Skailes@lthtr.nhs.uk

SRO:

Denis Gizzi

Denis.Gizzi@nhs.net

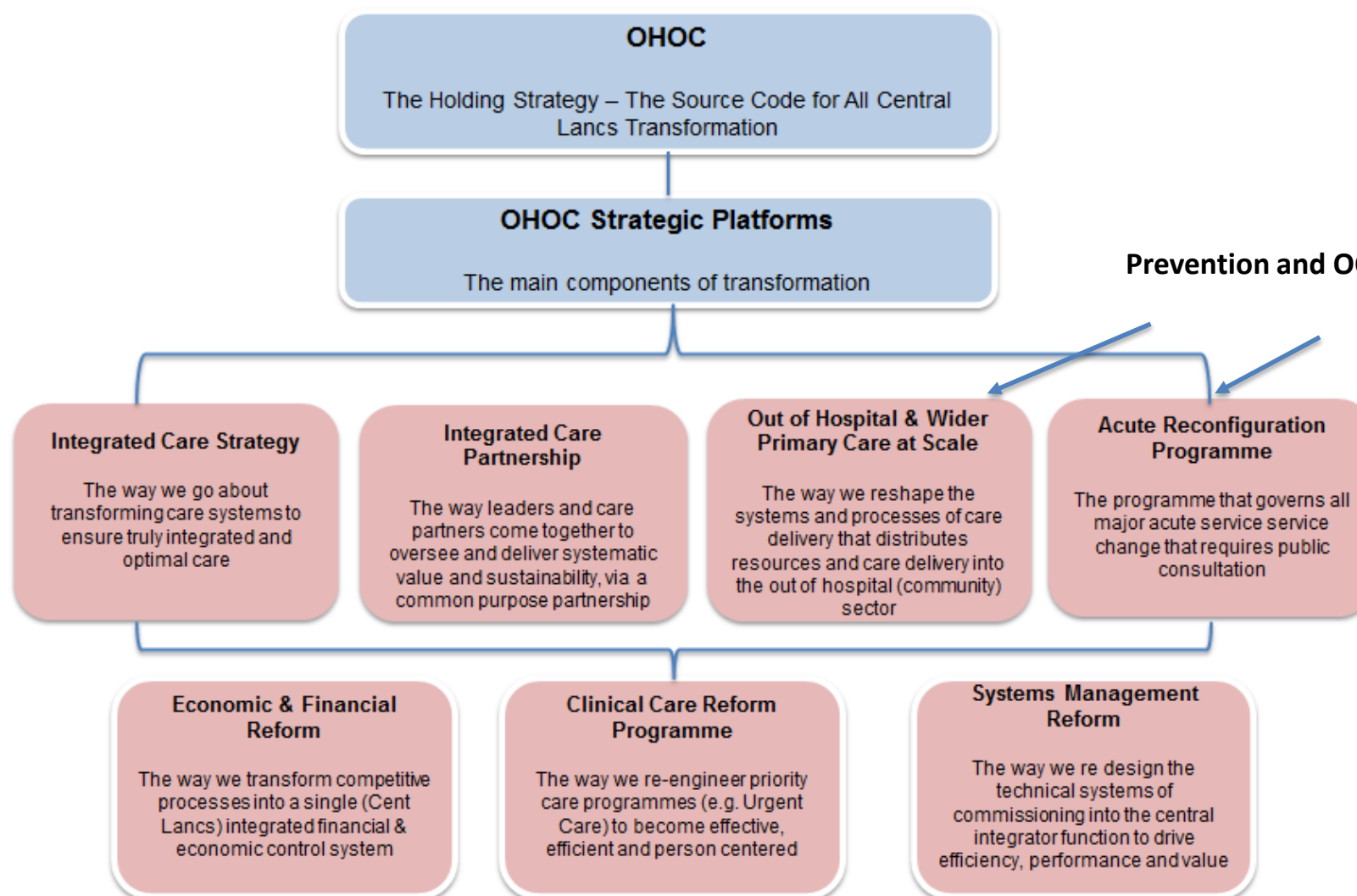
NHS Transformation Unit Director:

Lee Hay

lee.hay@nhs.net

Appendix A

Our Health Our Care Overview

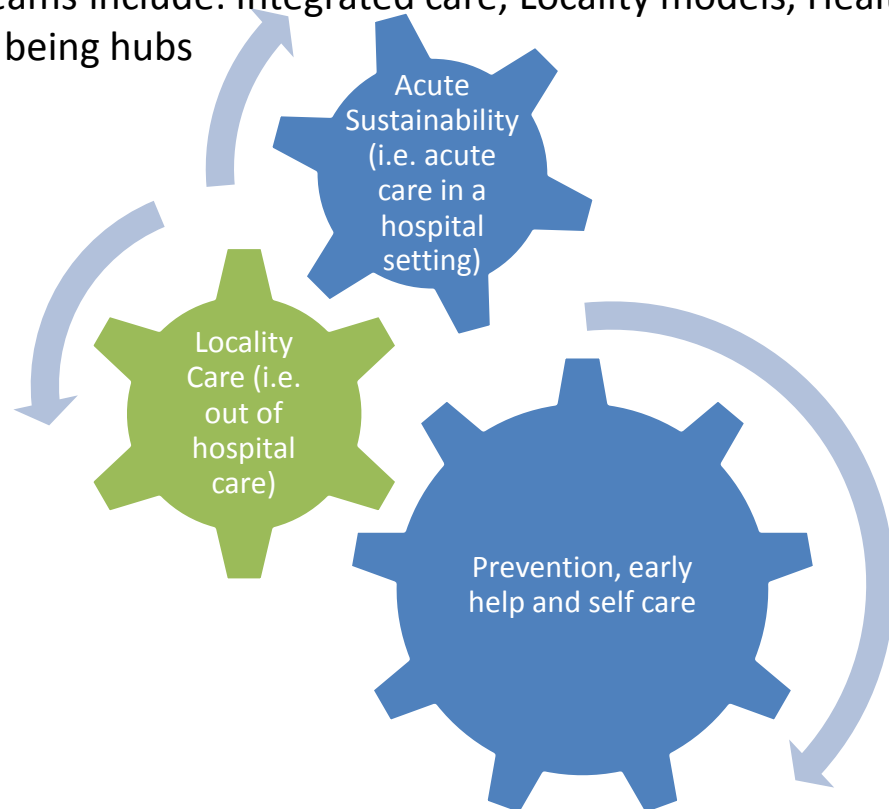


Prevention and OOH workstreams

**Acute reconfiguration
workstream –**
consultation in January
relates to acute
reconfiguration but
describes whole design of
in and out of hospital care

Out of Hospital

- Out of Hospital and Acute Sustainability programme are heavily interlinked, working closely together to achieve change
- In 2017 GPs from Greater Preston and Chorley and South Ribble co-produced an Out of Hospital strategy
- Aligned with several strategic plans – the SRO for the programme is Jayne Mellor
- Workstreams include: Integrated care, Locality models, Health and well being hubs



Integrated Care:

- To ensure patients have access to hospital services when needed by increased services delivered in the community, closer to home.

Locality Model:

- **Integrated care teams** will be formed to deliver primary care at scale shaped around local needs
- Localities will be supported to develop a **leadership model-at scale** that enables them to take responsibility for their population

Health and wellbeing hubs:

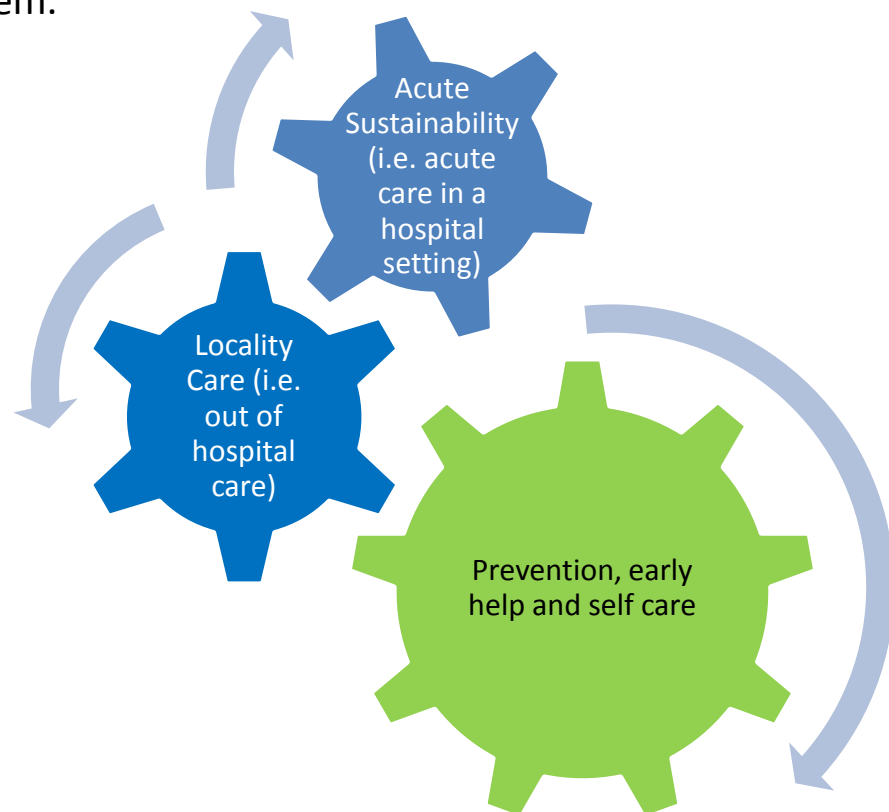
- **Centres developed in the community** to deliver integrated health and care to populations of 100,000 +
- Joins together primary care with community, secondary, social, mental health, VSF, diagnostics, prevention and possibly more

Benefits include:

- **Access:** Safe and accessible primary care services for all patients
- **New models of care:** Access to a greater range of services closer to home.
- **Integration:** Services from a range of providers delivered by a multidisciplinary team centred around the needs of the patient and community.
- **Workforce:** A valued and motivated primary care workforce with training and development opportunities
- Technology

Prevention and Wellbeing

- This strategy seeks a system-wide commitment to prevention through a 'place based' approach that utilises all of the resources to enable and maintain physical and mental wellness, build resilience and aid recovery. Delivery of this framework is built around developing prevention and wellness in four key areas; Culture, Community, Workforce, and System.



Key Focus

- Ensuring our population has good skills and access to **training, education and employment**
- Improving **community activity and engagement**
- Increasing **physical activity** and promoting wellness and **healthy lifestyles**
- Improving **homes** and **physical environment**

The adoption of this framework is to be achieved through system-wide changes to be actioned by organisations. In addition, integrated care teams will use this framework as a basis from which to develop their prevention actions and interventions with their community.

Benefits

- Communities will be healthy, empowered to help themselves and resilient to life's challenges
- People will have access to education, employment opportunities and appropriate housing in a safe environment
- People will make valuable contributions and reap the rewards in terms of motivation, confidence and quality of life.

Work underway to develop a range of options & benefits

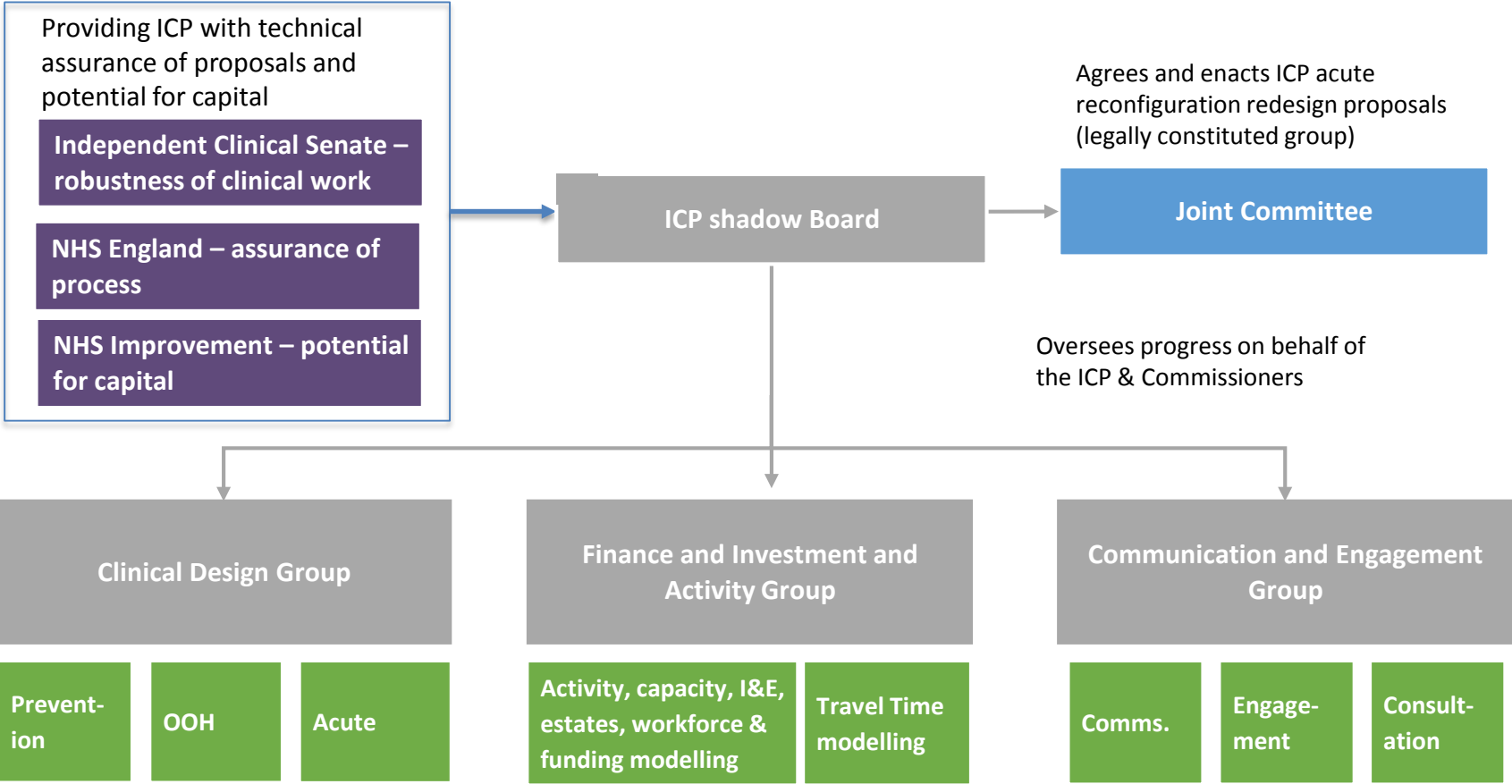
- Options not yet agreed
- Analysis will consider “Do nothing” (services retained as is) and a range of other options
- Emerging concepts are as below

	What	Why could this improve care for patients
Urgent, emergency and critical care	<ul style="list-style-type: none"> • Integrated partnership care with specialist support and advice to GPs and teams wrapped around the patient, joined up primary care pathways • Single emergency and major trauma centre, delivering emergency medical care 24/7 • Co-located with an Urgent Care Treatment Centre and a networked Urgent Care Treatment Centre • Standardised Ambulatory Care Unit(s) • Frailty Assessment Unit/enhanced virtual Frailty Assessment across Central Lancashire • Critical care level and capacity re-designed to meet demand 	<ul style="list-style-type: none"> • Care more joined up with primary care • Sustainable staffing model that makes best use of limited skilled staff and is able to meet national staffing and 7 day standards • Specialisation of “once in a lifetime” emergency surgery service • Improved use of ambulatory care, reducing patient waits • Improved access to frailty support • Adequate critical care capacity • Reduced bed pressures, reducing waits for a medical bed and A&E waits
Women’s and children’s services	<ul style="list-style-type: none"> • Women’s and children’s services retained as-is 	<ul style="list-style-type: none"> • Continued access to an MLU at both sites • Continued access to Obstetrics and Paediatrics
Planned care	<ul style="list-style-type: none"> • Planned Care Treatment Centre (no emergency surgery) • Single access booking and streaming of patients 	<ul style="list-style-type: none"> • Significant reduction in cancellations, RTT and waits for planned surgery – including cancer waits

Decision-making/leadership



- CCG leadership
- Denis Gizzi SRO



Key

- Governance group (decision-making)
- Design package
- Formal role in assurance or capital
- Governance Group (not decision-making)

Page 16

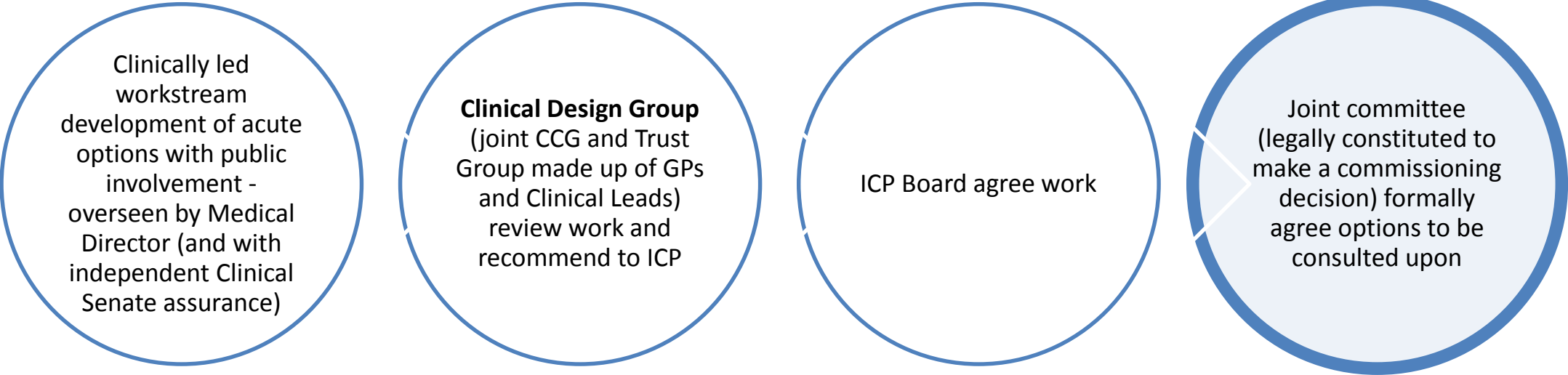
Stakeholder input into design, for example:

Central Lancashire Health & Wellbeing Partnership

Patients

Health Watch

Sign off route for clinical design/options development



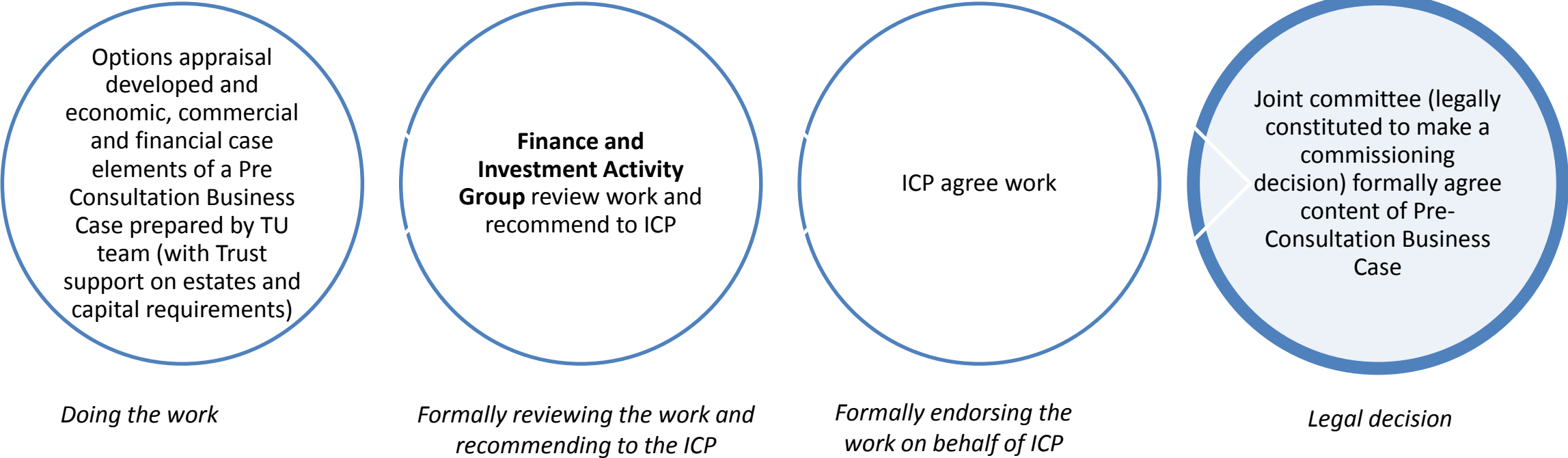
Doing the work

Formally reviewing the work and recommending to the ICP (group incorporates Trust representatives and therefore provides technical advise and is not decision-making)

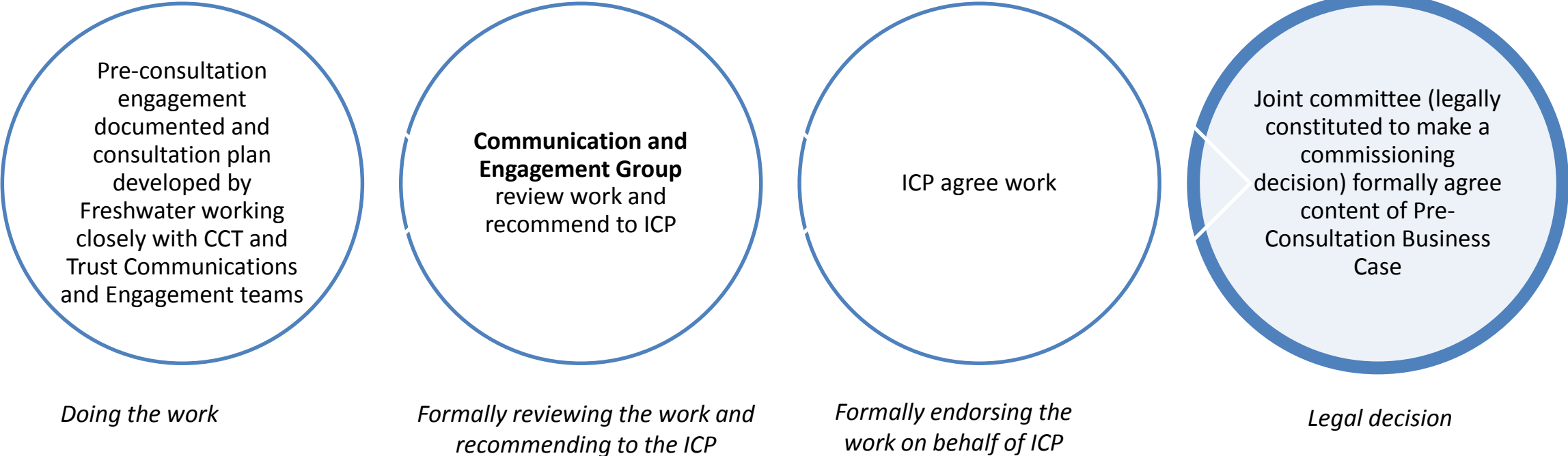
Formally endorsing the work on behalf of ICP

Legal decision

Sign off route for options appraisal (financial modelling, travel analysis etc.)

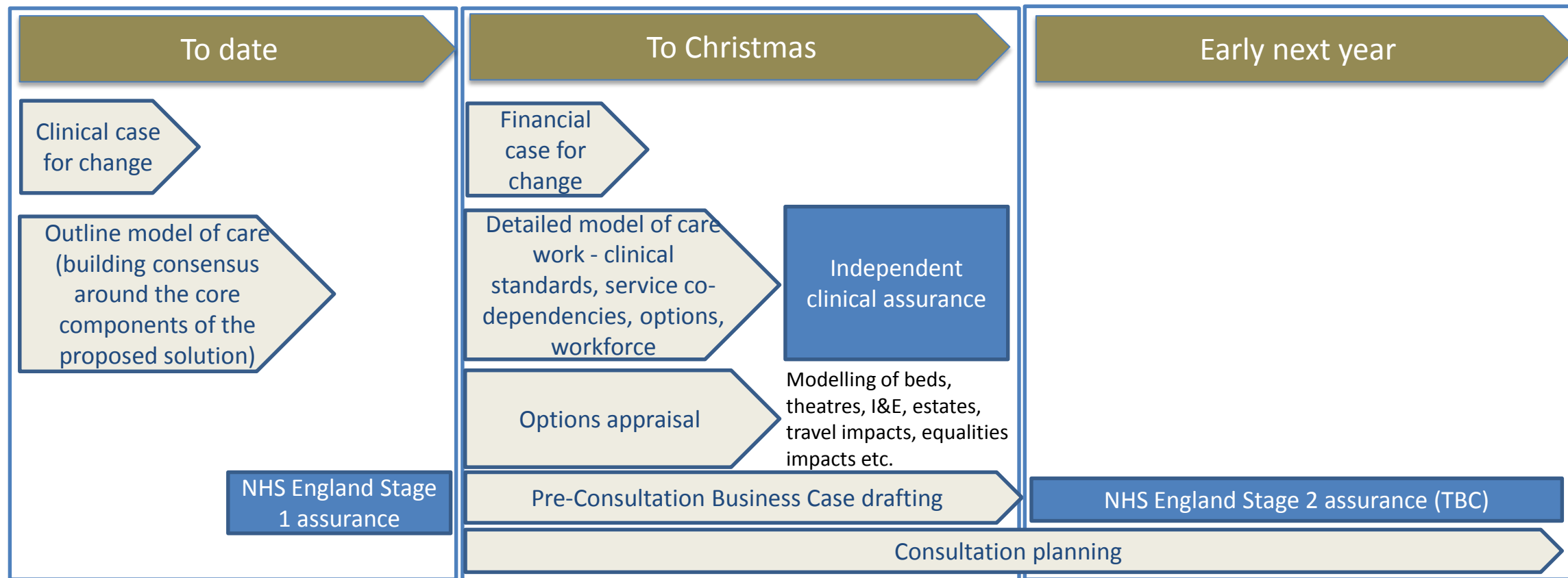


Sign off route for pre-consultation engagement work and consultation planning



Acute Reconfiguration Progress

- Strategic sense check 1 complete



Next steps:

- Build clinical design - a coherent out of hospital and acute model
- Agree options - small number of emerging viable options indicates no need to formally shortlist
- Initiate options appraisal - what does each option mean for beds, workforce, estate etc.
- Agree senate and NHSE assurance timeline
- Agree consultation go-live date cognisant of Purdah

Communication and Engagement update

Activity snapshot

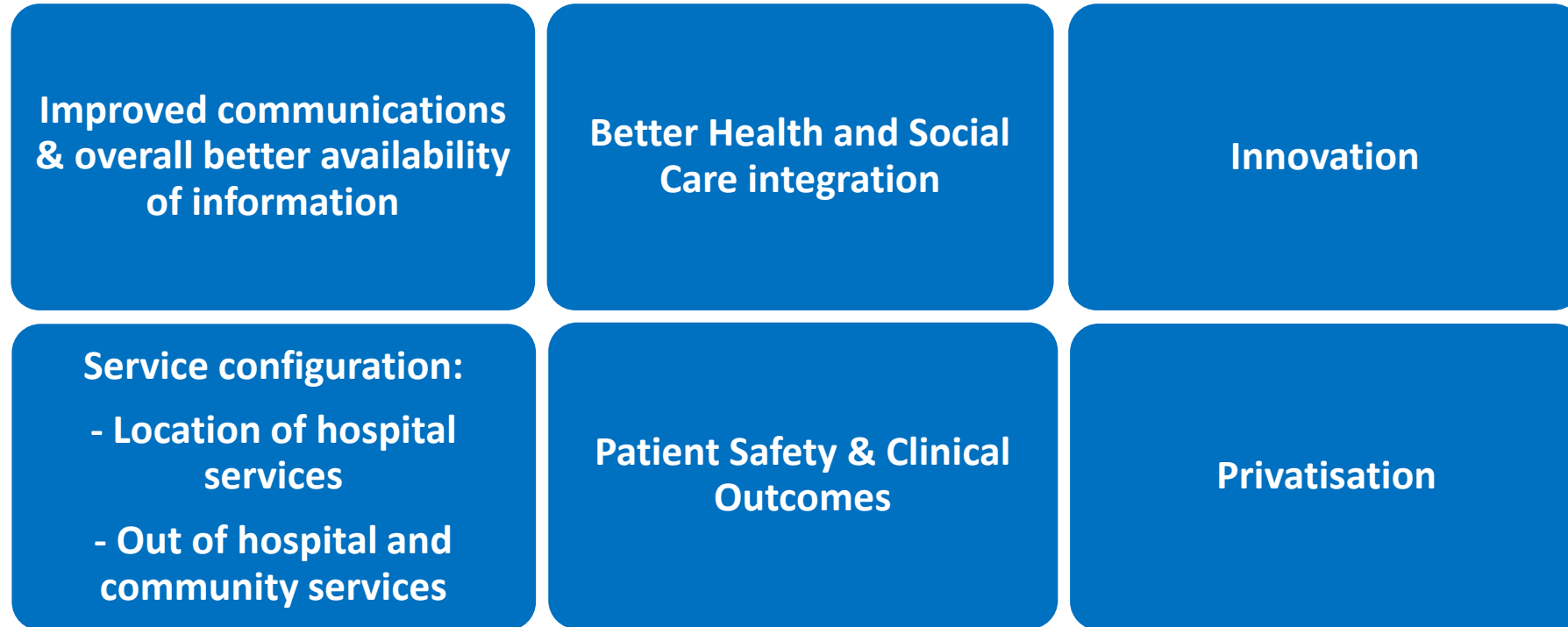
- Two main periods of activity:
 - Period 1: Sept 2016 – March 2017
 - Period 2: March 2018 – Present
- Opportunities for involvement:
 - Period 1: 18 public engagement events, outreach engagement with seldom heard groups (examples below)

Presentation to the Chorley Equality forum with (35 people)	Session with Galloway’s society for the blind and (30 service users)	Presentation to the Preston and District Carers Support Group (15 people)
Question time event with Preston’s College students (148 students, 12% from BME backgrounds)	Engagement at a community coffee morning at Ingleton Congregational Church, (approx. 45 people)	Stand at the Preston Health Mela (engaged approx. 40 people)

- Period 2: 11 public engagement events, outreach engagement, two online surveys, targeted conversations specific groups
- Events have been led by clinicians
- Activities have taken place across Leyland, Chorley and Preston

Patient & Public Engagement Feedback

The following are key themes and aspirations which have emerged over the two periods of engagement:



Health Scrutiny Committee

Meeting to be held on Tuesday, 25 September 2018

Electoral Division affected: (All Divisions);
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Health Scrutiny Committee Work Programme 2018/19

(Appendix A refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

The work programme for both the Health Scrutiny Committee and its Steering Group is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the work and potential topics to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2018/19 municipal year is set out at appendix A, which includes the dates of all scheduled Committee and Steering Group meetings. The work programme is presented to each meeting for information.

The work programme is a work in progress document. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
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N/A		
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Reason for inclusion in Part II, if appropriate		
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N/A		
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Health Scrutiny Committee Work Programme 2018/19

The Health Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session carried out by the Steering Group at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Council's Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Health Scrutiny Committee will:

- To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
- In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
- To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
- To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
- To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.
- To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
- To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Health Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Health Scrutiny Committee work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Dementia Strategy	Opportunities and challenges	Committee	Dr Z Atcha, LCC	3 July 2018	The report be noted; and The Cabinet Member for Health and Wellbeing be invited to a future scheduled meeting of the Health Scrutiny Committee to present on the development of a housing strategy and the ageing population.	N/A In progress
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Committee	Dr Gerry Skales, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs	3 July 2018, 25 September and 6 November/11 December	3 July: The update be noted; Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018;	N/A In progress

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					<p>The importance of all partners working together on prevention and early intervention form a part of developing the new models of care for acute services in central Lancashire; and</p> <p>Public information and education be included in the new model of care for acute services in central Lancashire.</p>	<p>Awaiting response</p> <p>Awaiting response</p>
Delayed Transfers of Care (DToC) and Winter 2019/20	Update on performance as a whole system and preparations for winter 2019/20	Committee	Louise Taylor, Tony Pounder, LCC and NHS Trusts/Chairs of A&E Delivery Boards	6 November 2018		
Integrated Care System	Delivery of strategic transformational plans - finance	Committee	Gary Raphael, Healthier Lancashire and South Cumbria	tbc		
Hyper Acute Stroke Services	Consultation	Committee/Joint	Gemma Stanion, Healthier Lancashire and South Cumbria	tbc		

Future meeting dates: 11 December; 5 February 2019; 2 April and 14 May.

Other topics to be scheduled:

Housing strategy for an ageing population (Cabinet Member for Health and Wellbeing to be in attendance)

Healthy New Towns – Whyndyke Garden Village, Fylde

Health Scrutiny Steering Group work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Fylde Coast Integrated Care Partnership (ICP)	Update on the work of the partnership	Steering Group	Wendy Swift, Blackpool Teaching Hospitals Foundation Trust and Andrew Harrison, Fylde and Wyre CCG	15 June	The Steering Group agreed that an item on Healthy New Towns and the Whyndyke Garden Village in Fylde be presented to a future meeting of the Health Scrutiny Committee.	
NWAS	Update on new Government reporting standards and NWAS' new Nursing and Residential Home Triage (NaRT) Tool. (Also hospital pharmacy waiting times and delays for NWAS transport)	Steering Group	Peter Mulcahy and Julie Butterworth, NWAS	19 September		
Hyper Acute Stroke Services	Overview	Steering Group	Gemma Stanion, Healthier Lancashire and South Cumbria	tbc		
Rossendale Birth Centre	Proposals	Steering Group	Kirsty Hamer and Christine Goodman, East Lancs CCG	24 October (10:30 slot)		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
tbc	tbc	Steering Group	Mike Maguire, West Lancs CCG	24 October		
Transforming Care (Calderstones)	Model of care for CCG commissioned learning disability beds	Steering Group	Rachel Snow-Miller, Director for Commissioning for All-age Mental Health, Learning Disabilities and Autism and Neil Greaves, Healthier Lancashire and South Cumbria	21 November		
Vascular Service Improvement	Improving quality and access to Vascular Services	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	21 November (11:30)		
Suicide Prevention in Lancashire	Progress report/annual update on outcomes set out in the Logic Model	Steering Group	Dr Sakthi Karunanithi and Chris Lee, LCC	16 January 2019		
Quality Accounts	Preparations for responding to NHS Trusts Quality Accounts	Steering Group	Healthwatch Lancashire	16 January		
Secondary Mental Health Services in Lancashire	Update	Steering Group	Charlotte Hammond, LCC	20 February		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Childhood immunisations	Progress report (invite to be extended to Chair and Deputy Chair of Children's Services Scrutiny Committee)	Steering Group	Jane Cass/Tricia Spedding, NHS England, Sakthi Karunanithi, LCC	20 February		
North West Clinical Senate	Joint working	Steering Group	Prof. Donal O'Donoghue and Caroline Baines	13 March		
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Steering Group	Sally Napper, NHSE	tbc		
Health in All Policies	Embedding spatial planning and economic determinants	Briefing note (and Steering Group)	Dr Aidan Kirkpatrick and Andrea Smith, LCC	-		
Scrutiny of Budget Proposals 2018/19	Sexual Health Advocacy Services Learning, disability and autism: Enablement Older persons in-house residential services: self-funder fees Extra sheltered care services	Briefing note	Neil Kissock, LCC	-		

Future meeting dates: 17 April and 14 May

Other topics to be scheduled:

Chorley A&E, GTD Healthcare and CCGs - performance

NWAS – transformation strategy and future

Disabled facilities grants and housing associations

Health and Wellbeing Board update

